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## **MONTCALM AREA INTERMEDIATE SCHOOL DISTRICT**

Mail to:

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Montcalm ISD Truancy

621 N. State St., Stanton, MI 48888

# **TRUANCY REFERRAL FORM**

**(Grade 6 – Age 18)**

2024-2025 School Year

| **Student’s Name**: |       |  | ☐ **Male** | ☐ **Female** | **Birthdate**: |       |
| --- | --- | --- | --- | --- | --- | --- |
| **Grade**: |       | **School Building**: |  |       |
| **Father’s Name**: |       |  | **Home Phone**: |       |
| **Address:** |       | **City**: |  |       | **Zip**: |       |
| **Employer**: |       |  | **Work Phone**: |       |
| **Mother’s Name**: |       |  | **Home Phone**: |       |
| **Address**: |       | **City**: |  |       | **Zip**: |       |
| **Employer**: |       |  | **Work Phone**: |       |
| **Guardian Name**: |       |  | **Home Phone**: |       |
| **Address**: |       | **City**: |  |       | **Zip**: |       |
| **Employer**: |       |  | **Work Phone**: |       |
|  | **Guardianship confirmed by**: ☐ Letter of Authority ☐ Power of Attorney |
| **Name of Person child resides with**? |  |       |
|  | If different than above, please provide address, phone number, and employer’s name and work number:      |
|  | **List dates that parent/guardian were contacted and method of contact (phone, letter, home visit, in person):** |
|  |  |  |  |  |  |  |  |  |
| **Date** |  | **Method** | **Reason for Contact** |
|       |  |       |       |
|       |  |       |       |
|       |  |       |       |
|  |  |  |  |  |  |  |  |  |
|  | Are the student’s absences to illness or suspension(s)? ☐ Yes ☐ No |
|  | Is the student experiencing any physical, emotional, or mental obstacles? ☐ Yes ☐ No  |
|  |  If yes, what obstacles:       |

| Is the student currently failing? ☐ Yes ☐ No (attach current report card/grades) |
| --- |
| Truancy Referral Page 2 of 3(calendar is page 3 of 3) |
| Is there a prior history of confirmed absences (including elementary)? ☐ Yes ☐ No (Explain): |
| What current support services are in place for student and/or what referrals have been made to correct theattendance issue? Include dates if applicable and who provided the referral. |
| ☐ teacher intervention (explain):       |
| ☐ administrative intervention (explain):       |
| ☐ mentor (explain):       |
| ☐ tutoring (explain):       |
| ☐ individual/small group instruction (explain):       |
| ☐ school counseling (explain):       |
| ☐ participating in outside counseling (Name of Agency):       |
| ☐ Referral to Behavioral Health:       |
| ☐ Referral to Department of Human Services:       |
| ☐ Referral to Health Department (lice):       |
| ☐ other:       |
|  |
| Are there any other special circumstances that should be addressed? ☐ Yes ☐ No If yes, please explain:       |

**\*\*\* ATTACH COPIES OF ATTENDANCE RECORDS, CONTRACTS (BETWEEN SCHOOL AND PARENT AND/OR STUDENT), CORRESPONDENCE (ALL LETTERS WRITTEN TO THE PARENT AND/OR RECEIVED BY THE PARENT) OR ANYTHING ELSE RELATED TO THE ATTENDANCE PROBLEM\*\*\***

| **School Contact Information:** |
| --- |
| Phone: |       | E-mail: |       | Fax: |       |

**SIGNATURE OF ADMINISTRATOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature Please – MUST BE SIGNED) Date